By: Guillen

H.B. No. 5343

A BILL TO BE ENTITLED 1 AN ACT 2 relating to the reimbursement and payment of claims by certain health benefit plan issuers for telemedicine medical services, 3 teledentistry dental services, and telehealth services. 4 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: 6 SECTION 1. Section 1455.001(1-a), Insurance Code, is amended to read as follows: 7 (1-a) "Health professional" means: 8 9 (A) a physician; an individual who is: 10 (B) 11 (i) licensed or certified in this state to 12 perform health care services; and 13 (ii) authorized to assist: 14 (a) a physician in providing telemedicine medical services that are delegated and supervised by 15 16 the physician; or (b) a dentist 17 in providing teledentistry dental services that are delegated and supervised by 18 the dentist; 19 20 (C) a licensed or certified health professional, including a mental health professional, acting within the scope of 21 the license or certification who does not perform a telemedicine 22 23 medical service or a teledentistry dental service; [or] 24 (D) a dentist; or

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1 (b) Notwithstanding Subsection (a), a health benefit plan 2 issuer is not required to: 3 (1) pay more than the billed charge on a claim for payment by a preferred or contracted health professional; or 4 5 (2) reimburse a preferred or contracted health professional as specified in Subsection (a) if the telemedicine 6 medical service, teledentistry dental service, or telehealth 7 service is provided to a covered patient by that health 8 professional as part of a mutually agreed upon risk-based payment 9 10 arrangement. 11 (c) For purposes of processing payment of a claim, a health

11 10 10 purposes of processing payment of a claim, a health 12 benefit plan issuer may not require a preferred or contracted 13 health professional to provide documentation of a covered health 14 care service or procedure delivered by the health professional to a 15 covered patient as a telemedicine medical service, teledentistry 16 dental service, or telehealth service beyond that which is required 17 for the service or procedure in an in-person setting.

18 Sec. 1455.008. WAIVER PROHIBITED. The provisions of this
19 chapter may not be waived, voided, or nullified by contract.

SECTION 3. Chapter 1455, Insurance Code, as amended by this Act, applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2026. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2026, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

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SECTION 4. This Act takes effect September 1, 2025.

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